U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.
(urs 22 70th)	
1. File Number V - 17 849	2. Fiscal Year Covered From:
1.601	1 / 1 / 2004 Through: 12 / 31 / 2004
Name and address of person filing.	4. Name, file number, and address of labor organization.
	Name Teamsters Local 812 IBT
Name Joseph Vitta	, where the same of the same o
	Labor Organization File Number 001-620
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 200 Summerfield Street	Street 200 Summerfield Street
City Scarsdale	City Scarsdale
State New York ZIP Code + 4 10583	State New York ZIP Code + 4 1.0583
5. Position in labor organization. Recording Secretary	
According Decreedly	
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	r derived income or other economic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	1.5.7 (1105)
City	
State ZIP Code + 4	
Sig	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompar undersigned's knowledge and belief true, correct, and complete. (See the s	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed OA C. Tun	On 8/5/2005 914.472.5800
	Date Telephone Number

Name of Person Filing Joseph Vitta	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Novak Francella LLC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Two Bala Flaza City Balacynwyd State Pennsylvania ZIP Code + 4 19004	9. Business deals with: X a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Provides accounting services				
Street	11.b. Approximate dollar value of such dealing. \$18,000				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4	Novak Francella provided a meal on 3/15/2004 to discuss accounting issues, the cost of which was				
	12.b. Amount. \$217				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

Name of Person Filing Joseph Vitta		File Number U-		
	Part B Conti	nuation Page		
B. Held an interest in or derived income or econor leasing to, or otherwise dealing with the busin (2) any part of which consists of buying from or syour labor organization is interested.	ness of an employer whose emplo	yees your labor organization r	epresents or is actively se	eking to represent, or
8. Name and address of Business (including	g trade name, if any).	9. Business deals with:		
Name Amalgamated Bank of New	York			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 Union Square		a. Labor Organization b. Trust c. Employer		
City New York				
State New York	ZIP Code + 4 10003			
10. If 9.b. or 9.c. is checked give trust or emplo	oyer's name.	11.a. Nature of such dea	aling.	
Name Local 812 Health Fund		Provides banking services		***************************************
Trade Name, if any:		ACCEPTATION OF THE PROPERTY OF		
P.O. Box, Bldg., Room No., if any		of the formation was the		CO. TOTAL STATE OF THE STATE OF
Street 202 Summerfield Street		and the state of t		
City Scarsdale				
State New York	ZIP Code + 4 10583	11.b. Approximate dollar vi	alue of such dealing.	\$8,000

11.b. Approximate dollar value of such dealing.12.a. Nature of interest held or income received.

12.b. Amount.

Joseph Vitta was provided a meal om 7/27/2004 to discuss Fund banking issues the value of which is

Name of Person Filing Joseph Vitta		File Number U-	
Part B Con	inuation Page		
B. Held an interest in or derived income or economic benefit with monetary value or leasing to, or otherwise dealing with the business of an employer whose empl (2) any part of which consists of buying from or selling or leasing directly or indire your labor organization is interested.	oyees your labor organization re	epresents or is actively se	eeking to represent, or
8. Name and address of Business (including trade name, if any). Name Amalgamated Bank of New York Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 Union Square City New York State New York ZIP Code + 4 10003	9. Business deals with: a. Labor Organi: b. Trust c. Employer	zation	
State New York ZIP Code + 4 10003 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Lcal 812 Health Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 202 Summerfield Street City Scarsdale	11.a. Nature of such deal Provides banking s		
State New York ZIP Code + 4 10583	11.b. Approximate dollar va	lue of such dealing.	\$8,000

12.a. Nature of interest held or income received.

Holiday blanket, the value of which is

12.b. Amount.

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Name of Person Filing Josep	oh Vitta			File Number U-	

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Blitman & King LLP	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Franklin Center Suite 300	b. Trust	
Street 443 North Franklin Street	c. Employer	
City Syracuse		
State New York ZIP Code + 4 13204		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Local 812 Health Fund	Provides legal services	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 202 Summerfield Street		O O O O O O O O O O O O O O O O O O O
City Scarsdale		
State New York ZIP Code + 4 10583	11 h. Approximate dellar value of such dealing	\$100,000
State New 101K	11.b. Approximate dollar value of such dealing.	\$100,000
	12.a. Nature of interest held or income received.	
	Mr. Vitta Fund Trustee was provided discuss Fund issues. The cost of the	
	a consistence	
	CONTRACTOR OF THE PROPERTY OF	
		accordance and a second
	12.b. Amount.	\$65

Name of Person Filing Joseph	n Vitta	 File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local 812 Retirement Fund	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 188 Summerfield Street	c. Employer
City Scarsdale	
State New York ZIP Code + 4 10583	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Local 812 Retirement Fund is a related organization to Teamsters Local 812. The Fund paid for trustee expenses related to attendance at EFEBP conference in New Orleans in 2004 and annual dues. The trustee didnot attend conference, Fund was reimbursed.
	12.b. Amount. \$1,565

Name of Person Filing Joseph Vitta	File Number U -
Part B Conti	nuation Page
B. Held an interest in or derived income or economic benefit with monetary value or leasing to, or otherwise dealing with the business of an employer whose emplo (2) any part of which consists of buying from or selling or leasing directly or indirect your labor organization is interested.	yees your labor organization represents or is actively seeking to represent, or
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local 812 Retirement Fund	a. Labor Organization
Trade Name, if any:	<u></u>
P.O. Box, Bldg., Room No., if any	b. Trust
Street 188 Summerfield Street	c. Employer
City Scarsdale	
State New York ZIP Code + 4 10583	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Local 812 Retirement Fund is a related organization to Teamsters Local 812 IBT. The Fund paid the trustee expenses to attend an investment conference in Hollywood, Fla during April 2004

12.b. Amount.

\$2,121

Name of Person Filing Joseph Vitta	File Number U-

Name and address of Business (Including trade name, if any).	9. Business deals with:	

Name Local 812 Health Fund	a. Labor Organization	
Trade Name, if any:		
	b. Trust	
P.O. Box, Bldg., Room No., if any		
Street 202 Summerfield Street	c. Employer	
City Scarsdale		
State New York ZIP Code + 4 10583		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:	-	Advisor
P.O. Box, Bldg., Room No., if any		
Street		and the second
	1	
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	A STOCK TOOK TO BE STANDARD AND AND AND AND AND AND AND AND AND AN
	12.a. Nature of interest held or income received.	
	Local 812 Health Fund is a related Teamsters Local 812 IBT. The Fund pannual dues of IFEPB	organization to paid the trustee
		W
		-
	12.b. Amount.	\$75

Name of Person Filing Joseph	Vitta	File Number U-
		L

8. Name and address of Business (including trade name, if any).		9. Business deals with:	
Name James Green Esq.		a. Labor Organization	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Suit	e 214	b. Trust	
Street 900 Merchants Concours	se .	c. Employer	
City Westbury			
State New York	ZIP Code + 4 11590		
10. If 9.b. or 9.c. is checked give trust or en	nplover's name.	11.a. Nature of such dealing.	
Name		Provides legal services	
P.O. Box, Bldg., Room No., if any Street City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$48,000
		12.a. Nature of interest held or income received.	
		Joseph Vitta was provided a holiday of the gift was	gift. The value
		12.b. Amount.	\$179

	Name of Person Filing Joseph Vitta	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Lazard Asset management	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	Ī
Street 30 Rockefeller Plaza	c. Employer	
City New York		
State New York ZIP Code + 4 10112		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Local 812 Retirement Fund	Provides investing services	
Annual contraction of the contra		The second secon
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		and the second s
Street 188 Summerfield Street		**************************************
City Scarsdale		
State New York ZIP Code + 4 10583	11.b. Approximate dollar value of such dealing.	\$100,000
	12.a. Nature of interest held or income received.	
	Mr Vitta, trustee, was provided a 13,2004 to discuss investment issu cost of the meal was	meal on February es. The pro rata
	To the state of th	
		Value and American Control of the Co
	12.b. Amount.	\$118

Name of Person Filing Joseph Vitta		!	File Number U-	

8. Name and address of Business (including trade name, if any).		9. Business deals with:			
Name Independent Fiduciary Services, Inc.		a. Labor Organization			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any Suite 1120		b. Trust			
Street 805 15th Street NW		c. Employer			
City Washington					
State New York	ZIP Code + 4 20012				
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.			
Name Local 812 Retirement F	und	Provides investment moniroing services			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street 188 Summerfield Street		1.00			
City Scarsdale					
State New York	ZIP Code + 4 10583	11.b. Approximate dollar value of such dealing.	\$150,000		
		12.a. Nature of interest held or income received.			
		Trustee Vitta was provided breakfar refrshments and other amenities, to aggregate \$ 379.for a 2 day IFS in	otalling in the		
		12.b. Amount.	\$515		